

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 17 1941  
Registration District No. 1099

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5868

3722  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Pemscot.  
(b) City or town Bural - Simp. Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years  
years, months or days

8. (a) PRINT FULL NAME Eugene Overfield  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 4 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 5 19 hr. \_\_\_\_\_ min.

9. Birthplace Morganfield Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer labour.

11. Industry or business Farmer

MOTHER FATHER { 12. Name Jim Overfield  
13. Birthplace Charleston, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosetta Armstrong  
15. Birthplace Uniontown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugene Overfield  
(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 1-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wardell

18. (a) Signature of funeral director German Huth Co  
(b) Address St. Louis Mo.

19. (a) 1-25-41 (b) J. H. Creasy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemscot  
(c) City or town Wardell, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 23  
year 1941 hour 8:30 minute 4 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Acute Alcoholism  
(b) Date of occurrence Jan 23 1941  
(c) Where did injury occur 61 Highway, Pemscot. P.M.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public highway  
While at work No (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. H. Moore (M. D. or other) Coroner  
Address Wardell, Mo. Date signed 1/23/41

2-41-10

79-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed William C. Shilton

Licensed Embalmer No. 3929

P. O. Address Stude, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **3722**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **1099**

Primary Registration District No. **5868**

Registrar's No. ....

## 1. PLACE OF DEATH:

- (a) County **Pemiscot**  
(b) City or town **Little River, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)

## 3. (a) PRINT FULL NAME

**Engine Overfield**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**20 5 19** hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

- (b) Address.

17. (a) (b) Date thereof. (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation.

18. (a) Signature of funeral director.

- (b) Address.

19. (a) (b) (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.

- (c) City or town. (If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Jan** day **23** year **1941** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death. **This person was found unconscious in a**

**pick up truck, died while**

**due to being taken to his home.**

**Investigation showed that**

**due to he was intoxicated and ran**

**car into ditch, probably a carbon**

**Other conditions mononucleosis**

**(Include pregnancy within 3 months of death)**

**also as the windows were**

**Major findings:**

**Of operations**

**been run trying to get out**

**Of autopsy of ditch.**

**Underline the cause to which death should be charged statistically.**

**PHYSICIAN**

**Underline the cause to which death should be charged statistically.**

**Of autopsy of ditch.**

**22. If death was due to external causes, fill in the following:**

- (a) Accident, suicide, or homicide, (specify) **Auto accident**

- (b) Date of occurrence **Jan 23 1941**

- (c) Where did injury occur? **61 Hwy near**

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

**Public place**

**(Specify type of place)**

**While at work? (e) Means of injury.**

**23. Signature**

**Address**

**Date signed**

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

